Metropolitan Medical Response System
2005 National Conference

Status Update

Conference Precepts

- We are here to benefit all
- All ideas are worthy (pending further review)
- Focus on tasks, techniques, and tools =
  - Challenges/requirements < best practices < valuable guides/references/expertise
- Some attendees are meeting in person for the first time – make it an auspicious beginning
- Make sure you are functioning in both “receive” and “transmit” modes
- We’re all busy and the conference results are likely to make us busier – hopefully the “right” busy - on target and effective
- Pers comm devices – “off” or “vibrate” mode


"I see you brought the pie charts." (NY'er 4/4/05)

MMRS Purpose

- Supports local jurisdictions' enhancing and maintaining all-hazards response capabilities to manage mass casualty incidents during early hours critical to life-saving and population protection, to include:
  - Terrorist acts using WMD/CBRNE
  - Large scale HazMat incidents
  - Epidemic disease outbreaks
  - Natural disasters

MMRS: Linking Response Systems

MMRS Jurisdictions

Original MMRS	27*
MMRS 1999	20
MMRS 2000	25
MMRS 2001	25
MMRS 2002	25
MMRS 2003	3
Total Jurisdictions =	125

*Includes Washington DC MMST

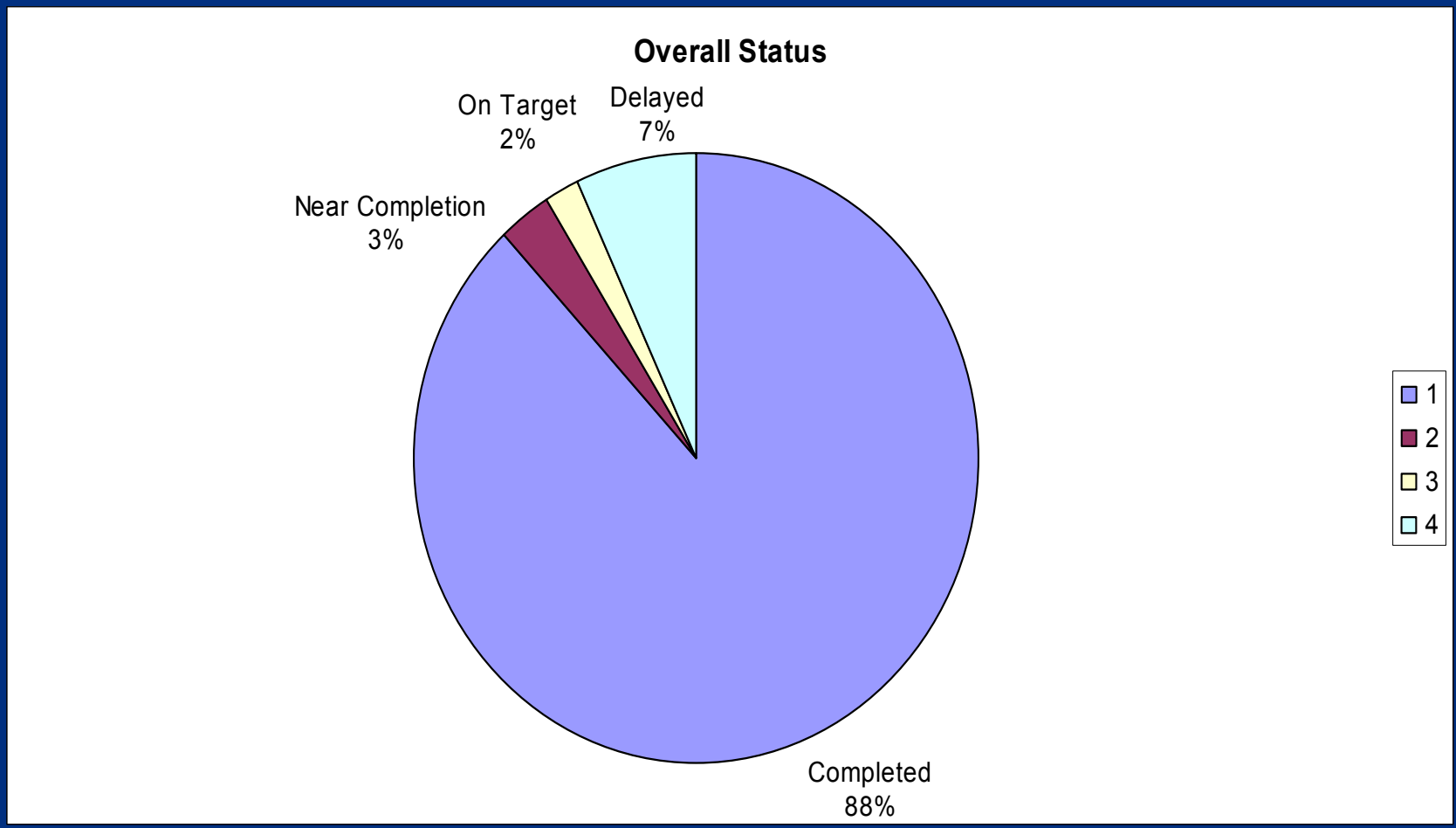
Organization and Funding

- March 1, 2003 - Transferred from DHHS, Office of Asst. Secretary for Public Health Emergency Preparedness, Office of Emergency Response to DHS, FEMA, Preparedness Division and 10 FEMA Regional Offices
- As of October 3, 2004 transferred from DHS EP&R to Office of State and Local Government Coordination and Preparedness (OSLGCP)/Office for Domestic Preparedness (ODP)
  - In accordance with “one stop grants shop” for State and local governments and tribal nations
- Appropriations –
  - FY 2003 - $50 million
  - FY 2004 - $50 million
  - FY 2005 - $30 million

Regional Preparedness Officers MMRS and EMPG

- 1 Sandra Spinks
- 2 Susan O'Neill
- 3 Cedric Cherry
- 4 (vac)
- 5 (vac)
- 6 Jim Gregory
- 7 Pam Franke
- 8 Lynn Pisano-Pedigo
- 9 Chuck Arnold
- 10 (vac)

Completed – 109 Near Completion – 4 On Target – 4 Delayed - 7



By the Numbers

- FY03 Contract Deliverables
  - Completed 34 28%
  - Near Completion 9 8%
  - On Target 4 3%
  - Delayed 73 61%
- FY04 Grants
  - Awards 110
  - Acceptance letters overdue 14
  - Draw downs 18
- FY05 HS Sub-grantee Awards "now"

Record Funding Level

- FY 03 Contract $280,000
- FY04 Grant $400,000 (plus special projects)
- FY05 Grant $227,592 (less withholds)

Challenges

- Managing overlapping periods of performance and multiple funding streams
- Uncertainty of Federal funding FY06…beyond
- Adapting to SLGCP/ODP business methods
- “Educating” SAAs and UASI Working Groups
- Ensuring Steering Committees are active and effective
- Sustaining and enhancing MMRS achievements & capabilities
- Creating an MMRS Technical Assistance Program
  - Including a program guide “tool kit”
- Implementing NIMS and HSPD-8/National Performance Goal

MMRS Key Baseline Response Components

- Ongoing coordination meetings (with Project Officer, Steering Committee, etc.)
- Development planning
- Plans to include the forward movement of patients utilizing the NDMS System
- Plans to respond to a chemical, radiological, nuclear, or explosive WMD event
- Plans for a Metropolitan Medical Strike Team (optional)
- Plans for managing the health consequences of a biological WMD event

MMRS Key Baseline Response Components (cont.)

- Plans to enhance local hospital and healthcare system preparedness (including procedures for notification, facility protection, triage and treatment)
- Training plans (including initial and refresher requirements)
- Pharmaceutical and equipment plans (including a maintenance plan and a procurement timetable for equipment and pharmaceuticals)
- Monthly progress reporting
- Final operational reporting indicating the operational validity of all MMRS system response components

MMRS 2003 Deliverables

- Detailed listing of current response inventories (includes updated pharmaceutical and equipment plans)
- A plan to sustain MMRS capabilities for a period of two years
- A summary of exercises/real event references that document the operational validity of MMRS components
- Expand MMRS operational area (optional)

FY04 Grants

- Funding by grants in lieu of contracts
- Grants guidance published July 22, 2004
- Grants review process Aug. 23-Sept. 20, 2004
- Funds obligated by September 20,2004
- Award notifications Sept 27 – Oct 4
- Period of Performance October 04 – March 06
- FY04 grants guidance has 3 main components
  - Capability Focus Areas
  - Sustainment of Enhanced Capabilities
  - Special Projects

FY04 Grants (cont.)

- Capability Focus Areas
  - $250,000 available to each of the 124 jurisdictions
    - Eight focus areas jurisdictions chose from
      - (1) Radiological medical and health effects preparedness
      - (2) Operational viability of mass care shelters and medical treatment facilities
      - (3) Emergency alerting system/emergency public information
      - (4) National Incident Management System (NIMS) compliance
      - (5) Quarantine and isolation preparedness
      - (6) Geographic Information Systems
      - (7) Updated MMRS Steering Committee
      - (8) Pharmaceutical cache management and status reporting

FY04 Grants (cont.)

- Sustainment of Enhanced Capabilities
  - $150,000 available to jurisdictions that have completed their baseline capabilities, as specified in previous and current MMRS contracts
  - The purpose is to provide sustainment of enhanced response capabilities gained through completion of baseline grant deliverables
  - Focus areas
    - Updated planning and procedures
    - Maintenance of pharmaceuticals/equipment and supplies caches
    - Ongoing training and exercise activities
    - Optional: support existing or establish new expanded MMRS operational areas and/or undertake local-State cooperative capability enhancement including enhanced mutual-aid, for response to a WMD mass casualty event

FY04 Grants (cont.)

- Special Projects
  - Competitive portion of the grants
  - Variable dollar amounts available for a total of $3.4 million
  - Required submission of a detailed proposal based on specific criteria as part of the grant application
  - Available to support:
    - Innovative projects that:
      - Have potential for widespread application to improve automated systems and interoperable communications
      - Support MMRS command decision-making, resource management, training delivery, and emergency public warning/risk communications

FY04 Grants (cont.)

- FY04 grants summary
  - 8 MMRS jurisdictions did not apply for FY04 grants
  - 79 MMRS jurisdictions submitted proposals for Special Projects ranging from $15,000 - $1,295,790
  - 16 Special Projects were awarded ranging from $25,000 - $640,000
  - Special Project awards by region:
    - Region 1 1
    - Region 2 2
    - Region 3 2
    - Region 4 1
    - Region 5 1
    - Region 6 3
    - Region 7 2
    - Region 8 0
    - Region 9 4
    - Region 10 0

FY 2005 Grants

- On December 2nd 2004, SLGCP released the FY 2005 Grant Application package that among other DHS grant programs included MMRS. Each of the 124 jurisdictions will receive $227,592.
  - The FY05 MMRS program will support the MMRS jurisdictions in:
    - Ensuring that their strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in State and UASI Homeland Security Assessment and Strategy documents
    - Revising their operational plans to reflect State and Urban Area Homeland Security Assessments and Strategies
    - Achieving preparedness in the eight Capability Focus Areas, which should also be coordinated with HSPD-8 efforts
    - Ensuring the maintenance of MMRS capabilities established through the completion of baseline deliverables and other previous activities supported by federal funding.

MMRS – SUSTAINMENT DYNAMICS

Jurisdictions Must Manage Changes In:

- Terrorist threats
- Disease threats
- Demographics (special needs, culture, languages)
- Definitive care resources
- Pharmaceuticals (Project Bio-Shield)
- Training – audience, courses, delivery modes
- Technology – surveillance, detection, information systems, interoperability, and medical treatment modalities

FY04 Accomplishments

- Completed baseline capability development in an additional 49 jurisdictions exceeding established goal of additional 25 jurisdictions
- Finalized FY03 contracts
- Conducted MMRS presentations at NDMS conference
- Transitioned MMRS funding from contracts to grants
- Funded MMRS jurisdictions for needs-based sustainment activities
- Prepared for transition from FEMA EPR to ODP OSLGCP
- Ensured compatibility of MMRS operational concepts with NRP/NIMS/Nationwide Mutual Aid in FY04 funding

Integrated Emergency Management Course

- New IEMC course for MMRS jurisdictions
- Designed to exercise the individual and organizational skills required in responding to and recovering from an emergency.
- Functional areas addressed include policymaking, decision-making, communications, coordination of resources, management of personnel, and implementation of procedures -- that is, the crisis response system needed for effective emergency response
- Curriculum developed January – February 2004
- 20 course sessions planned FY04-05
- Resident – Noble Training Center and Field delivery

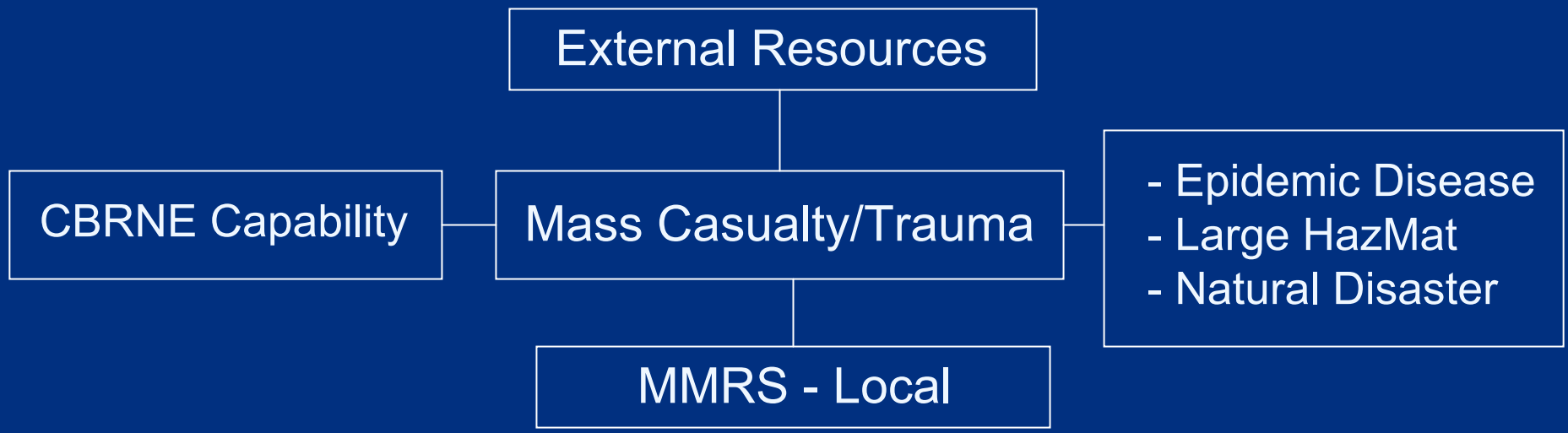
Catastrophic Incident Response Planning (cont.)

- Federal Interagency CIRP Working Group-lead by DHS/FEMA
- CIR Annex to National Response Plan
- Venue-specific planning
  - New York City and Los Angeles County
  - Orlando and Charlotte
  - Continuing with Urban Area Security Initiative jurisdictions
- MMRS a key concept and capability platform for building CIR capabilities

Catastrophic Incident Response Planning (CIRP)

- New capability threshold –100,000 victims and 100,000 displaced persons
- Planning scenarios – local and State capabilities immediately overwhelmed
- Push Federal resources to MOBCENs without waiting for requests for assistance
- Urgent planning effort originated in Orange Alert period Dec 2003 – Jan 2004
- Oversight by White House Homeland Security Council

Mass Casualty/Trauma Preparedness MMRS – Essential Core Local Capabilities



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- Creating an MMRS Technical Assistance Program
  - Including a program guide “tool kit”
- Implementing NIMS and HSPD-8/National Performance Goal

MMRS Contacts

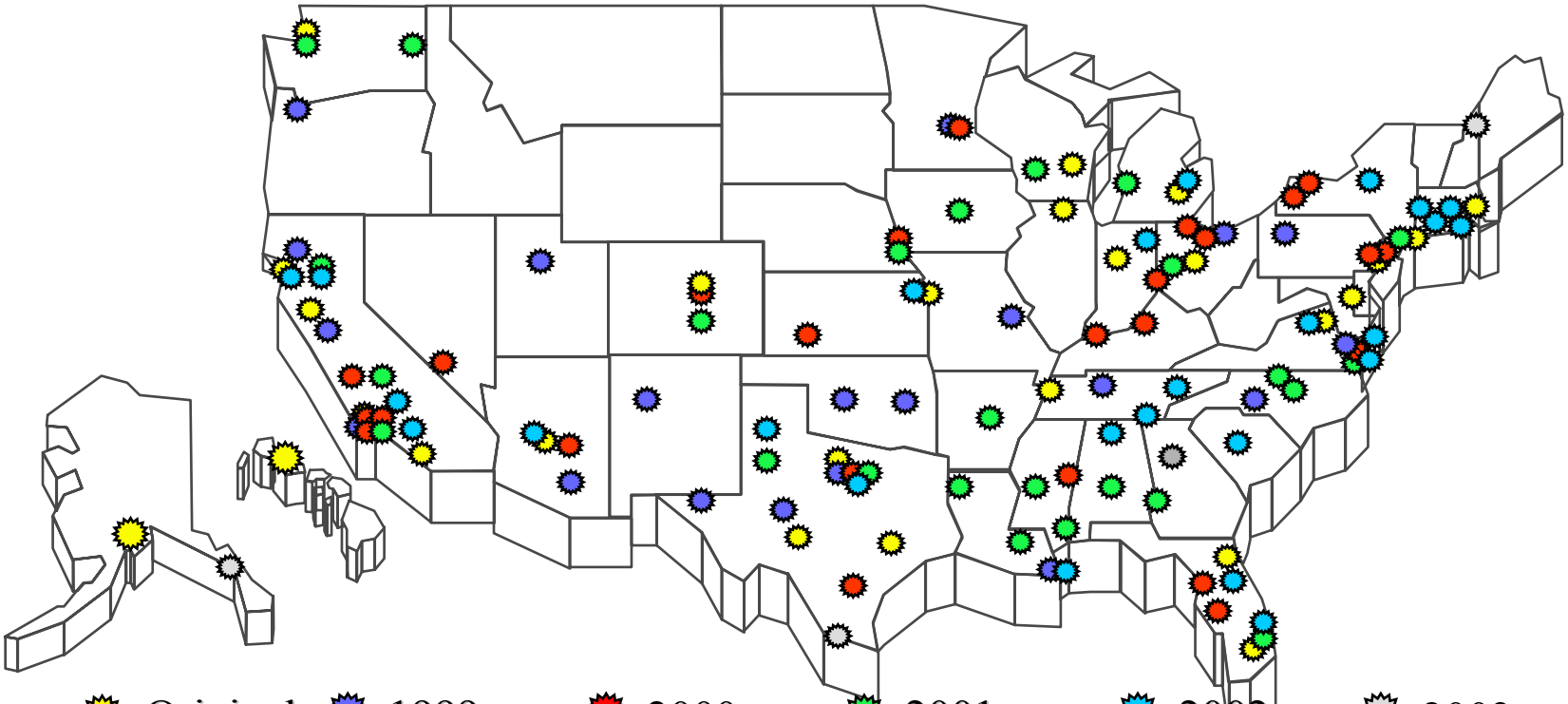
- DHS/ODP:
  - MMRS Program Manager

    Dennis Atwood 202-646-2699
  - Regional preparedness officers
- http://mmrs.fema.gov
- http://www.ojp.usdoj.gov/odp/

Essential Enhancements

The only Federal Government Program that directly supports enhancement of existing local first responder, medical, public health and emergency management by increasing systematic, integrated capabilities to manage a WMD mass casualty incident until significant external resources arrive and are operational (typically 48-72 hours).

Metropolitan Medical Response Systems



Original
Anchorage, Baltimore, Boston, Chicago, Columbus, Dallas, Denver, Detroit, Honolulu, Houston, Indianapolis, Jacksonville, Kansas City (MO), Los Angeles, Memphis, Miami, Milwaukee, New York, Philadelphia, Phoenix, San Antonio, San Diego, San Francisco, San Jose, Seattle, Washington DC (MMST) [Note: Atlanta was also a MMST]

1999
Albuquerque, Austin, Charlotte, Cleveland, El Paso, Fort Worth, Hampton Roads (Virginia Beach) Area, Long Beach, Nashville, New Orleans, Oakland, Oklahoma City, Pittsburgh, Portland (OR), Sacramento, Salt Lake City, St. Louis, Tucson, Tulsa, Twin Cities (Minneapolis)

2000
Akron, Anaheim, Arlington TX, Aurora, Birmingham, Buffalo, Cincinnati, Corpus Christi, Fresno, Hampton Roads (Norfolk) Area, Jersey City, Las Vegas, Lexington-Fayette, Louisville, Mesa, Newark, Omaha, Riverside, Rochester, Santa Ana, St. Petersburg, Tampa, Toledo, Twin Cities (St. Paul), Wichita

2001
Baton Rouge, Colorado Springs, Columbus (GA), Dayton, Des Moines, Garland, Glendale (CA), Grand Rapids, Greensboro, Hialeah, Huntington Beach, Jackson, Lincoln, Little Rock, Lubbock, Madison, Mobile, Montgomery, Raleigh, Richmond (VA), Shreveport, Spokane, Stockton, Tacoma, Yonkers

2002
Amarillo, Arlington VA, Bakersfield, Chattanooga, Columbia, Fremont, Ft. Lauderdale, Ft. Wayne, Glendale, Hampton Roads (Newport News, Chesapeake) Area, Hartford, Huntsville, Irving, Jefferson Parish, Kansas City (KS), Knoxville, Modesto, Orlando, Providence, San Bernardino, Springfield, Syracuse, Warren, Worcester

2003
Atlanta Regional Coalition, Northern New England Region (New Hampshire, Maine, Vermont), Southern Rio Grande Region (TX), Southeast Alaska Region

As of March 31, 2004

Legislative History

- The Defense Against Weapons of Mass Destruction Act of 1996 directed the Secretary of Defense to enhance capability and support improvements of response agencies
- The Nunn-Lugar-Domenici Amendment to the National Defense Authorization Act for FY 1997 authorized funding for "*medical strike teams,"* and the subsequent development of the MMRS Program
- Ongoing Congressional appropriations have funded contracts with 125 MMRS jurisdictions

Program Operations

- From program inception through FY03, funding via contracts has been provided to local jurisdictions for:
  - Development of plans and procedures
  - Acquisition of specialized equipment for first responders and medical treatment facilities
  - Identification of specialized training and exercise opportunities for responders
- FY04 funding has been provided via non-competitive grants
- Directly supports linkages among all the local elements for the management of mass casualty events (first responders, medical, public health, emergency management, volunteer organizations)
- Consistent Federal support provides direct assistance and shares lessons learned with other MMRS jurisdictions

Key Functional Components

- Planning Team
- Logistics
- Forward Movement
- Provision of Medical Care
- Integration of Health Services
- Response Structure
- Biological Elements
- Training
- Equipment/Pharmaceuticals
- Operational Capability

Local Pharmaceutical Cache

- Chemical, radiological, nuclear, or explosive WMD event: sufficient to provide care for up to 1,000 victims
- Biological WMD event determined at three levels by specific agent (smallpox, anthrax, plague, botulism tularemia, and hemorrhagic fever):
  - up to 100 victims
  - between 100 and 10,000 victims
  - more than 10,000 victims
- Perry Point Supply Center provides pharmaceutical support
- MMRS requires the ability to treat without stipulating specific pharmaceuticals
- MMRS pharmaceuticals are immediately available
- An essential prophylaxis capability along with SNS and CHEMPACK

Jurisdictional Status

- 1996-2002: 122 local jurisdictions joined MMRS program
- 2003: 3 new jurisdictions added; Atlanta MMST upgrade
  - Northern New England (New Hampshire, Vermont, and Maine)
  - Atlanta Regional Coalition (Atlanta and 21 neighboring Counties)
  - Southern Rio Grande, Texas (Counties of Starr, Hidalgo, Willacy, and Cameron)
  - Southeast Alaska (City and Borough of Juneau)
- 109 jurisdictions have completed baseline capability development

MMRS Accomplishments

- Increases awareness and enhanced medical protocols (including pharmaceuticals in sufficient quantities)
- Increases readiness to respond to a terrorist attack (strengthened the response community)
- Increases identification capabilities, rapid analysis, and immediate notifications to affected facilities
- Improves an understanding of the need for a Unified Command
- Includes management outreach with an all agency commitment to work together
- Provides for an operational capability including an “all-hazards” approach
- Procures specialized equipment to detect and be protected from chemical and biological agents

MMRS Accomplishments (cont.)

- Reinforces the participation of key responding stakeholders (e.g., Federal, State and local agencies – especially local public health agencies)
- Forces reassessments to establish ways of doing business, and to “think out of the box” on new issues
- Provides an opportunity for elected officials to be “brought into the process”
- Incorporates the health component into what was traditionally a public safety/emergency management discipline
- Develops protocols to allow for the immediate treatment of effects from acute chemical and biological agents

A MMRS Jurisdictional Exemplar

Emergency Patient Tracking System – St. Louis MMRS:

- NEXTEL/Raytheon developed the EPTS as a solution
- St. Louis MMRS envisioned an innovative concept of tracking patients in a Mass Casualty Incident with bar code tags
  - Integrated wireless communications, Oracle database, internet and PDA technology
  - Successfully tested in WMD exercise on May 19, 2003
  - Used in Lambert Airport exercise July 20, 2003
  - System became operational May 1, 2003
  - Brief and DEMO for DHS Secretary Ridge October 8, 2003

FY04 Capability Emphasis

- Radiological event (RDD, IND and NucWeap)
- Viability (operational resources) for medical treatment surge facilities
- Automated support and systems interoperability for unified command/area command decision making and resource management
- Quarantine/isolation capabilities
- Adoption of NIMS and achieving NRP/CIRA venue-specific planning (MMRS essential core local capabilities)

Operational Readiness Assessment (ORA)

- Operational Readiness Assessments will be aligned with Office of State and Local Government Coordination and Preparedness activities under HSPD-8

MMRS Myths

- A MMRS:
  - . . .is a fire/HazMat program
  - . . .does not strengthen health/medical/hospital involvement
  - . . . is not integrated into an “overall” disaster response
  - . . . ignores State planning
  - . . . is not supported by the Federal Government
- No MMRS planning is complete
- All MMRS planning is complete

MMRS Realities

- MMRS contracting requirements mandate:
  - Extensive local, health, medical, and interagency integration
  - Extensive integration into existing plans and response capabilities, through a systems approach
  - Coordination with State epidemiological programs, CDC and State EMA programs
  - Expanding local health and medical disaster response planning capabilities by
    - Improving surge capacity
    - Developing auxiliary medical capacity (augmenting personnel and facilities)
    - Developing home/self care strategies

MMRS Realities

- Expanding local health and medical disaster response planning capabilities by (cont.)
  - Developing treatment protocols (e.g., immediate care, mass prophylaxis, quarantine and isolation)
  - Purchasing an dedicated pharmaceutical and equipment cache
  - Improving communications
  - Increasing mass decontamination capabilities
  - Enhancing security (patient and staff safety)
  - Providing personal protective equipment
  - Staff training in WMD awareness

MMRS Realities

- 109 systems have completed baseline planning (validated by both a national and a regional program review)
- 124 systems are currently under contract to:
  - Validate operations;
  - Document sustainment activity;
  - Detail an inventory of existing response capabilities; and
  - Provide for the expansion of MMRS operational area

MMRS: Conclusion

"The importance of the MMRS program effort is no longer equivocal, questionable, or debatable…. The enhanced organization and cooperation demanded by a well-functioning MMRS program will permit a unified preparedness and public health system with immense potential for improved responses not only to a wide spectrum of terrorist acts but also to mass-casualty incidents of all varieties."

- *Preparing for Terrorism: Tools for Evaluating the Metropolitan Medical Response System Program*, Institute of Medicine 2002, p.15